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Procedia Environmental Sciences 36 (2016) 57 – 60

Procedia

Environmental Sciences

International Conference on Geographies of Health and Living in Cities: Making Cities Healthy
for All, Healthy Cities 2016

Personal and Environmental Well-being of Children in a Thai Suburban Community

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Abstract

This study surveyed the personal and environmental well-being of 30 Thai children aged 3-6 years in a suburban community. A questionnaire was examined for content validity, and revealed an acceptable internal consistency ($\alpha = 0.73$). Results showed that all of the children presented behavior of personal well-being in sleeping for 8-10 hours per day, receiving educational preparation, enrolling in school at an appropriate age, and participating with peers. They also presented behavior of environmental well-being by receiving care from, participating in leisure activities with, and obtaining educational support from their family members, as well as living in a peaceful community.

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Peer-review under responsibility of the organizing committee of Healthy Cities 2016

Keywords: Personal well-being; Environmental well-being; Well-being questionnaire; Community; Children

1. Introduction

The health of the people is related to well-being, which not only means happiness, but also developing as a person, being fulfilled, and contributing to the community [1]. The subjectivity of well-being consists of three interrelated components: life satisfaction, pleasant effect, and unpleasant effect [2]. In addition, well-being relates to quality of

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life of the people. The World Health Organization (WHO) defined quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept with complex effects by way of the person's physical health, psychological state, personal beliefs, social relationships and the relationship they have with salient features of their environment [3]. However, the well-being of children is more complex than that of adults because children are dependent. Their daily activities and environment are limited by their parents, families, caregivers and teachers, as shown in the study of Prachaya-arporn [4], in which the knowledge and behavior of caregivers related to the health and well-being of their children. In other words, the well-being of children related to their personal and environmental factors. Therefore, this study applied the Person Environment Occupation Model (PEO Model). The PEO Model explained the relationships between Person, Environment, and Occupations. That is to say, children will perform their occupations such as self-care, education, play, and social participation influenced by their physical, institutional, social and cultural environment [5].

This study pointed to personal and environmental well-being. Personal well-being is a feeling of happiness within a person. It includes physical strength with healthy behavior, and psychological strength with emotion and stress management. Environmental well-being involves the physical and social environment. Both types of well-being influence occupational performance, including self-care, work or education, leisure or play and social participation. Therefore, the purpose of this study was to survey the personal and environmental well-being of children in a Thai suburban community. The expectations of this study were to gather information informing community health service providers of the personal and environmental well-being of children, and work with their families and the community in promoting health and well-being for these young individuals. The study of Kakai [6] showed that research of well-being indicators brought health planning into the community.

2. Material and methods

2.1. Participants

The participants were selected from Sankrang sub-district, Sankhampaeng district, Chiang Mai, Thailand by using the multi-stage random sampling method. They comprised 30 Thai children aged 3-6 years including 15 male and 15 female children.

2.2. Instruments

The children's well-being questionnaire was used as the instrument comprising 2 parts, including personal well-being (11 behavioral items) and environmental well-being (10 environmental items). The dummy scale was used (No = 0 and Yes = 1), as developed by the researchers and examined for content validity by five experts in child and community healthcare. Furthermore, it revealed an acceptable internal consistency ($\alpha = 0.73$).

2.3. Methods

This study was a survey research. After developing and examining the content validity and reliability of the instrument, the participants' parents were asked for written permission in the assent and consent form. Then, information on the children was gathered by the researchers, who interviewed the participants' caregivers, using the children's well-being questionnaire. Finally, the data on well-being of the children were analyzed by descriptive statistics.

3. Results and Discussion

In terms of personal well-being, the result showed that all of the children presented four types of behavior such as sleeping for 8-10 hours per day, receiving educational preparation, enrolling in school at an appropriate age, and

participating with peers. However, they presented a lower percentage (73.33%) for brushing teeth twice daily. Therefore, these children in a Thai suburban community need to pay more attention to promoting self-hygiene, especially dental care. Personal well-being behavior is presented in Table 1.

Table 1. The personal well-being behavior of children in a Thai suburban community (n = 30)

Personal well-being behavior
Behavior presented by all of the children (100.00 %)
<i>Sleeping for 8-10 hours per day.</i>
<i>Receiving educational preparation</i>
<i>Enrolling in school at an appropriate age</i>
<i>Participating with peers</i>
Behavior presented the least by the children (73.33 %)
<i>Brushing teeth twice daily</i>

In terms of environmental well-being, all of the children presented four types of behavior such as receiving care from their family when sick or facing problems, participating in leisure activities with their family, receiving educational support from family members, and living in a peaceful community. On the other hand, the behavior in which the children presented a lower percentage (93.33%) was having enough area around their home for playing and learning, as well as participating in outdoor activities with their family. Therefore, families should be encouraged to manage the environment around their home by performing activities together. Environmental well-being behavior is presented in Table 2.

Table 2. The environmental well-being behavior of children in a Thai suburban community (n = 30)

Environmental well-being behavior
Behavior presented by all of the children (100.00 %)
<i>Receiving care from their family when sick or facing problems</i>
<i>Participating in leisure activities with their family</i>
<i>Receiving educational support from family members</i>
<i>Living in a peaceful community</i>
Behavior presented the least by the children (93.33 %)
<i>Having enough area around their home for playing and learning</i>
<i>Participating in outdoor activities with their family</i>

These results related to the PEO Model, which explains the relationships between the personal factors of each child, their physical and cultural environment, and their daily activities [5]. This study provided an understanding of personal and environmental well-being of children in the community, which could be used as fundamental information for healthcare teams, when performing service plans and working with the community in order to encourage health and well-being.

4. Conclusion

This research studied the personal and environmental well-being of children aged 3-6 years in a Thai suburban community by using a questionnaire. Results from the questionnaire found that all of the children presented less than 50% personal and environmental well-being behavior. In terms of personal well-being, all of the children presented behavior of sleeping for 8-10 hours per day, receiving educational preparation, enrolling in school at an appropriate age, and participating with peers, but they presented a lower percentage for brushing teeth twice daily. In terms of environmental well-being, all of the children presented behavior of receiving care from, participating in leisure activities with, and obtaining educational support from their family members, as well as living in a peaceful community, but having enough area around their home for playing and learning, as well as participating in outdoor activities with their family presented a lower percentage.

Acknowledgements

This research was supported with tools and equipment by the Department of Occupational Therapy, Faculty of Associated Medical Sciences, Chiang Mai University.

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